

Municipality: \_\_\_\_\_

**FY05 Statewide Local Domestic Preparedness  
Equipment Grant Program  
Response Discipline Agency Identification Form**  
(please provide all requested information below for each agency)

**II Fire Departments**

List the name/address of each fire department, including the description of the item, quantity, and estimated total cost (please duplicate form for additional items if needed)

Name/address of Department	Item(s) Description	Q u a n t i t y	Total Cost
_____			
_____			
_____			
_____			
	1.		\$
	2.		\$
	3.		\$
	4.		\$
	5.		\$
	6.		\$
	7.		\$
	8.		\$
	9.		\$
	10.		\$
	11.		\$
	<b>TOTAL COSTS</b>		\$

[illegible]